

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$400.00 for date of service, 07/02/01.
- b. The request was received on 06/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and position statement
 - b. HCFA(s)
 - c. EOB(s)
 - d. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/16/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Requestor's position statement
 - c. HCFA(s)
 - d. Medical Audit summary/EOB/TWCC 62 form
 - e. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/16/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/26/02

“The carrier fails to pay according to TWCC Guidelines based on their interpretations and not by the technique of anesthesia used, documented as Monitored Anesthesia Care (MAC). If this is the case, I can only dispute the legality of their actions by referring to the 1996 **TWCC Manuel** as it is **not** stated in the ground rules that base unit values may be reduced by the carrier depending on the administration of anesthesia that was provided to the patient.”

2. Respondent: No response statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/02/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. The Carrier’s EOB(s) deny additional reimbursement as, “N – ANESTHESIA PROVIDED FOR A SURFACE PROCEDURE WILL BE REIMBURSED FOR UNITS BASED ON TIME, PHYSICAL STATUS AND QUALIFYING CIRCUMSTANCES.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/02/01	00600	\$900.00	\$80.00	N	RVU 10	TWCC Rule 133.307 (g); MFG Anesthesia GR; CPT Descriptor	The Requestor did not respond to TWCC’s request for additional information sent 07/16/02; therefore, there is no medical documentation in the file to support that services were rendered as billed. No additional reimbursement is recommended.
Totals		\$900.00	\$80.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 25th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt